

SOCIAL SECURITY NUMBER : _____ - _____ - _____

Should you need testing accommodations due to a health problem or disability, you must contact the State Personnel Department.

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? () Yes () No

If you answered **Yes** to the above question, attach an explanation on a separate sheet noting any mitigating or extenuating circumstances.

Have you ever been convicted of a misdemeanor or felony crime? () Yes () No

If you answered **Yes** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT THAT A FELONY CONVICTION WILL BAR EMPLOYMENT IN A LAW ENFORCEMENT JOB; THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME' IS ATTACHED.

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.)

1. Current or Last Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

2. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

3. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

4. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

5. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

6. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.

References: At the time of interview, you may be asked to furnish names and addresses of reliable persons, not relatives or present employer, who know you well enough to give information about you.

COMPLETE THIS SECTION IF YOU ARE CLAIMING VETERAN'S PREFERENCE

- If you claim Veteran's Preference, check the type below. Attach copies (**which will not be returned**) of the required documents to your application to support your claim.
- 1 () Veteran (5 points) - Requires DD214 or document showing dates of service and type of discharge. **If this has been submitted previously and is on file with this office, you may disregard this requirement.**
 - 2 () Disabled Veteran (10 points) - Requires DD214 or other document as above and letter of disability from V.A. dated within last 6 months. **V.A. letter must be kept updated until register is established or you lose the extra 5 points.**
 - 3 () Deceased Veteran's spouse (10 points) - Requires DD214 or other document as above and marriage and death certificates. Cannot be claimed if spouse remarries.
 - 4 () Disabled Veteran's spouse (10 points) - Requires DD214 or other document as above and V.A. letter of disability dated within last 6 months. Cannot be claimed unless still married to disabled veteran.
 - 5 () Permanently Disabled Veteran (10 points) - Requires DD214 or other document as above indicating veteran is permanently disabled or DD214 or other document and V.A. letter indicating permanent disability.

COMPLETE THIS SECTION IN ORDER TO BE SCHEDULED FOR WRITTEN EXAMS

Written exams will be given in the places below for which a sufficient number of applicants express preference. Indicate by number your 1st, 2nd and 3rd choices.

- 1 () Alexander City 3 () Birmingham 5 () Dothan 7 () Linden 9 () Montgomery 12 () Tuscaloosa
 2 () Andalusia 4 () Decatur 6 () Jacksonville 8 () Mobile 10 () Selma

If you qualify, you will receive a notice showing the place and time you are to report for the exam.

Where did you learn of this job? (check all that apply)

- 1 () State Employment Service 5 () Friend/Relative 9 () Legislative Representative 13 () TV/Radio Commercial
 2 () Job Announcement Notice 6 () Dept. News Bulletin 10 () State Recruiter/Counselor 14 () Other _____
 3 () Newspaper 7 () Rehabilitation Services 11 () State Personnel Dept. Information Board
 4 () College Placement/Career Office 8 () High School Counselor 12 () Outreach Program (i.e. Church) _____

AVAILABILITY

<p>81 - Northwest Alabama 17 Colbert 30 Franklin 39 Lauderdale 40 Lawrence</p>	<p>84 - Jasper/ Winfield Area 29 Fayette 38 Lamar 47 Marion 64 Walker 67 Winston</p>	<p>87 - East Central Alabama 08 Calhoun 09 Chambers 14 Clay 15 Cleburne 19 Coosa 56 Randolph 61 Talladega 62 Tallapoosa</p>	<p>90 - Montgomery Area 01 Autauga 26 Elmore 43 Lowndes 51 Montgomery</p>	<p>93 - South Central Alabama 07 Butler 18 Conecuh 20 Covington 21 Crenshaw 27 Escambia 50 Monroe</p>
<p>82 - Huntsville/ Decatur Area 36 Jackson 42 Limestone 45 Madison 48 Marshall 52 Morgan</p>	<p>85 - Tuscaloosa Area 04 Bibb 32 Greene 33 Hale 54 Pickens 60 Sumter 63 Tuscaloosa</p>	<p>88 - Southwest Alabama 12 Choctaw 13 Clarke 46 Marengo 65 Washington</p>	<p>91 - Phenix City/ Troy Area 03 Barbour 06 Bullock 41 Lee 44 Macon 55 Pike 57 Russell</p>	<p>94 - Dothan Area 16 Coffee 23 Dale 31 Geneva 34 Henry 35 Houston</p>
<p>83 - Northeast Alabama 10 Cherokee 25 DeKalb 28 Etowah</p>	<p>86 - Birmingham Area 05 Blount 22 Cullman 37 Jefferson 58 Shelby 59 St. Clair</p>	<p>89 - Selma/Clanton Area 11 Chilton 24 Dallas 53 Perry 66 Wilcox</p>	<p>92 - Mobile Area 02 Baldwin 49 Mobile</p>	<p>95 - Statewide (You will be considered for vacancies throughout the state. Relocation may be necessary)</p>



Please answer the following questions with care. List in the spaces provided those areas of the state in which you would accept employment. You will be considered for employment only in the locations you indicate. You may choose a combination of up to three counties and/or regions from the list above. If you list a region, you will be considered available for all counties in that region. The counties in each region are listed alphabetically below the region. You will not be considered for jobs involving overnight travel or shift work unless you so indicate.

List the numbers of up to 3 counties and/or regions where you are willing to work _____

If you want to be considered for appointment by **only certain state agencies**, indicate here _____

Will you accept work involving overnight travel? () Yes () No Will you accept part-time work? () Yes () No

Will you accept temporary work? () Yes () No

Which shifts are you willing to work? 0. () all shifts 1. () 1st only 2. () 2nd only 3. () 3rd only 4. () 1st and 2nd only 5. () 1st & 3rd only 6. () 2nd & 3rd only

Enter the earliest date you will be available to interview for employment. (Your name will not appear on a list of eligibles until this date.) _____
 Month Day Year

NOTE: Your name will be placed on inactive status for this class after declining three offers of employment consideration or failing to reply to an agency's inquiry concerning your availability. Your name may be restored to the active register by written request.

